ING Corporate Card Programme Corporate and Individual Pay





1.	Company information (man	datory)
1a	Company name	
1h	Company account number	
	company account number	
		11 Digit reference number shown on the top of the company statement.
1c	Country of incorporation	
2.	Change company contact d	etails (optional)
2a	New company name	
	, ,	Change of company name is only possible when the Chamber of Commerce number does not change.
		Please also send in a recent certificate of registry.
2b	New name on cards	000000000000000000000000000000000000000
		Maximum 21 characters (including spaces).
26	New name on existing cards?	No Yes
20	New Harrie off existing caras:	
		If you would like the new name on your existing cards, all cards will be blocked first before replacement. This means your cardholders are temporarily unable to use their cards.
2 d	New address	
	Postal code	
2f	Town/City	
2g	Country	
3.	Change Programme Adminis	strator details 1 (optional)
3a	Add/delete Programme	AddChange information
	Administrator or change information	Delete
7 h	-	C solution of the control of the con
	Surname and initials	
3с	Gender	Male Female
3d	Date of birth	dd-mm-yyyy
3е	Password	
		We will ask for your password whenever you call us. Your password should have no more than
		12 characters.
3f	Mobile number (incl. country code)	+00000000000000000000000000000000000000
3g	Landline (incl. country code)	+00000000000000000000000000000000000000
3h	New E-mail address	
		The login credentials for the ING Commercial Card portal will be send to this email address. No email
		address from a colleague or a general email address such as info@, admin@, etc.
3i	Signature	

4.	Change Programme Administ	rator details 2 (optional)
4a	Add/delete Programme Administrator or change information	O Add O Change information
		O Delete O Read-only access to the ING Commercial Card portal
4b	Surname and initials	
4c	Gender	Male Female
4d	Date of birth	dd-mm-yyyy
4e	Password	0000000000
		We will ask for your password whenever you call us. Your password should have no more than 12 characters.
4f	Mobile number (incl. country code)	+00000000000000000000000000000000000000
4 g	Landline (incl. country code)	+00000000000000000000000000000000000000
4h	New E-mail address	
		The login credentials for the ING Commercial Card portal will be send to this email address. No email address from a colleague or a general email address such as info@, admin@, etc.
4i	Signature	
	J	
5.	Change limit (optional)	
Cur	rency as used in original application	1.
5α	Permanent change company monthly limit	CCCCCC
5b	Temporary change company monthly limit (max. 3 months)	CCCCCC
5c	From (date)	dd-mm-yyyy
5d	Until (date)	dd-mm-yyyy
6.	Other particulars (optional)	
6a	Old IBAN	
6b	Old BIC	CCCCCCCCCC
6c	New IBAN	
6d	New BIC	
6e	Change correspondence	O Dutch
	language	© English
		French
		German
		○ Spanish
		O Italian

6.	Other particulars (optional)	(continuation)
6f	Paper statement for the company	○ Yes ○ No
		For the cost of paper statements see brochure 'Tariffs ING Corporate Card'.
6g	Paper statement for all cardholders	○ Yes ○ No
		For the cost of paper statements see brochure 'Tariffs ING Corporate Card'.
6h	Change of destination	○ Employee
	for card dispatch	O Programme Administrator, name
6i	Cancel ING Corporate Card	○ Yes
	Programme (all cards)	All cards will be blocked immediately and can no longer be used.
7.	Signature Programme Admir	
7a	Date	CC - CC - dd-mm-yyyy
7b	Town/City	
7c	Surname and initials	
7d	Signature	
8.	Sianature company (Mandat	oru in case of addina a Program Administrator)
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9. Mailing address and what to send

Checklist of items to be sent:

- This form completed and duly signed
 Company name change: a recent certificate of registry

Please send all items to: ING Corporate Card PO Box 22005 8900 KA Leeuwarden The Netherlands

or scan everything and mail to corporate.card.backoffice.nl@ing.com



ING Corporate Card Programme

SEPA direct debit mandate



1.	Account owner	
1a	Name	
		Name of company (Corporate Pay) or person (Individual Pay) to whom the statement is addressed.
1b	Address	
1c	Postal code	
1d	Town/City	
1e	Country	
2.	Creditor	
2α	Name	
2b	Address	
2c	Creditor ID	
3.	Reference of payment	
3α	Reference	
3b	Type of payment	
3с	Collection frequency	
4.	Bank information	
If y bar	ou have chosen Corporate Pay, plea nk data here.	se fill out the company's bank data here. For an Individual Pay Mandate, please fill out the cardholder
4a	IBAN	000000000000000000000000000000000000000
4b	BIC	0000000000
4с	Bank name	

5. Authorisation direct debit

By signing this mandate form, you authorise (A) ING Corporate Card to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from ING Corporate Card. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

5α	Date	dd-mm-yyyy
5b	Town/City	
5c	Surname and initials account owner	
5d	Signature account owner	
5e	Surname and initials 2nd account owner*	
5f	Signature 2nd account owner*	
* I£	analicable	
11	applicable.	
6.	To be completed by the creditor	or (ING)
6a	Mandate reference	

7. Mailing address

Please send this form together with the application or mutation form to: ING Corporate Card
PO Box 22005
8900 KA Leeuwarden
The Netherlands

or scan all documents and mail to corporate.card.backoffice.nl@ing.com

